

(This form will be sent electronically 60 days prior to the termination date of your contract)

## Massachusetts Workforce Training Fund Training Grant - Employer Evaluation

*This form must be filled out by a designated **company employee***

### I. General Grant Information

Company Name:		Submitted By:		Today's Date:	
Address 1:		Title		Grant Start Date:	
Address 2:		Phone:		Grant End Date:	
City/Town:		State:		Zip Code	
Email:		Signature:			

### II. Grant Outcomes

Please complete the following table

	Planned	Actual
Grant Funds	\$	\$
Employees Trained		

If you spent less than the total grant award or trained other than the planned number of employees, please indicate why (check all that apply):

<input type="checkbox"/> Change of management	<input type="checkbox"/> Underestimated training requirements	<input type="checkbox"/> Delays in hiring	<input type="checkbox"/> Trainer costs lower than expected
<input type="checkbox"/> Reduction in workforce/layoff	<input type="checkbox"/> Slowdown in our business	<input type="checkbox"/> Grant ended before training completed	<input type="checkbox"/> Slowdown in the economy
<input type="checkbox"/> Employee turnover	<input type="checkbox"/> Lack of employee interest/participation	<input type="checkbox"/> Positions created	<input type="checkbox"/> Turnover
<input type="checkbox"/> Attrition	<input type="checkbox"/> Positions eliminated	<input type="checkbox"/> More trainee interest	<input type="checkbox"/> Change in training topics
<input type="checkbox"/> Growth in staff	<input type="checkbox"/> Decision to train more people	<input type="checkbox"/> Lack of trainee interest	<input type="checkbox"/> Reorganization
<input type="checkbox"/> Other (please explain):  			

### III. Performance Measures

#### Productivity

1. Did *productivity* improve as a direct result of this grant? ☐ Yes ☐ No

1a. If yes, how has *productivity* improved? (check all that apply)

<input type="checkbox"/> Lower operating costs	<input type="checkbox"/> Lower defect/reject rates	<input type="checkbox"/> Increased production capacity	<input type="checkbox"/> Increased cross training	<input type="checkbox"/> Lower changeover/setup times
<input type="checkbox"/> Improved throughput	<input type="checkbox"/> Improved quality/accuracy	<input type="checkbox"/> Shorter cycle times	<input type="checkbox"/> Improved efficiency	<input type="checkbox"/> Faster delivery
<input type="checkbox"/> More employee flexibility	<input type="checkbox"/> Fewer accidents/emergencies	<input type="checkbox"/> Fewer/shorter inspections	<input type="checkbox"/> Shorter lead times	<input type="checkbox"/> Lower inventory levels
<input type="checkbox"/> Reduced waste/scrap	<input type="checkbox"/> Other (please specify):			

#### Competitiveness

2. Did your organization become more *competitive* as a direct result of this grant? ☐ Yes ☐ No

2a. If yes, how has *competitiveness* improved? (check all that apply)

<input type="checkbox"/> Improved customer satisfaction	<input type="checkbox"/> Increased sales	<input type="checkbox"/> Higher profit margins	<input type="checkbox"/> Increased employee knowledge
<input type="checkbox"/> Increased employee skills	<input type="checkbox"/> Increased workforce flexibility	<input type="checkbox"/> Lower turnover	<input type="checkbox"/> Greater focus on quality
<input type="checkbox"/> Better customer/client service	<input type="checkbox"/> More competitive costs/prices	<input type="checkbox"/> Improved customer confidence	<input type="checkbox"/> Achieved industry certification/registration
<input type="checkbox"/> Faster delivery	<input type="checkbox"/> Attracting new/better employees	<input type="checkbox"/> Improved response time	<input type="checkbox"/> Diversified products/services offered
<input type="checkbox"/> Other (please specify):			

#### Employee Retention/Promotions

3. Did any trainees receive a promotion as a direct result of the training program?	<input type="checkbox"/> Yes <input type="checkbox"/> No	3a. If yes, how many?	
4. Were there any new hires as a direct result of the training program?	<input type="checkbox"/> Yes <input type="checkbox"/> No	4a. If yes, how many?	
5. Were any layoffs prevented as a direct result of the training program?	<input type="checkbox"/> Yes <input type="checkbox"/> No	5a. If yes, how many?	

#### Employee Wages

6. Have you increased (or, within the next six months do you expect to increase) wages as a direct result of this grant? ☐ Yes ☐ No

6a. If yes, what was the average wage increase?  %

7. Did other employees, not trained through the grant, also receive a wage increase during the same period? ☐ Yes ☐ No

7a. If yes, what was the average increase?  %

**7b. Reason for wage increase of employees not trained through the grant:**

<input type="checkbox"/> Annual cost of living increase	<input type="checkbox"/> Company-wide merit pay increase	<input type="checkbox"/> Union contract	<input type="checkbox"/> Other (please explain):
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***Other Benefits***

**8. Has your organization realized other benefits from this grant?**

<input type="checkbox"/> Yes	<input type="checkbox"/> No
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**8a. If yes, what are (will be) the other benefits your organization realized as a result of this grant? (check all that apply)**

<input type="checkbox"/> Improved communications	<input type="checkbox"/> More teamwork	<input type="checkbox"/> Employees feel more valued	<input type="checkbox"/> Employees are more responsible/accountable
<input type="checkbox"/> Improved flexibility	<input type="checkbox"/> Increased employees motivation	<input type="checkbox"/> Improved morale	<input type="checkbox"/> Better employee/management relations
<input type="checkbox"/> Improved revenue/sales/profits	<input type="checkbox"/> Improved leadership	<input type="checkbox"/> Improved employee retention	<input type="checkbox"/> Better understanding of the "big picture"
<input type="checkbox"/> Improved employee satisfaction	<input type="checkbox"/> Other (please specify):		

## IV. Working with Training Providers

1. Please list your training provider(s) and indicate your satisfaction with each.

Training Provider	Criteria (1 = Poor, 2 = Fair, 3 = Good 4 = Very Good, 5 = Excellent)					Would you recommend this provider to others		Comments
	Overall Rating of Training Provider	Quality of Training Provided	Preparation of Training Provider	Flexibility of Training Provider	Qualifications of Training Provider	Yes	No	
						<input type="checkbox"/>	<input type="checkbox"/>	
	1 to 5	1 to 5	1 to 5	1 to 5	1 to 5			
						<input type="checkbox"/>	<input type="checkbox"/>	
	1 to 5	1 to 5	1 to 5	1 to 5	1 to 5			
						<input type="checkbox"/>	<input type="checkbox"/>	
	1 to 5	1 to 5	1 to 5	1 to 5	1 to 5			
						<input type="checkbox"/>	<input type="checkbox"/>	
	1 to 5	1 to 5	1 to 5	1 to 5	1 to 5			
						<input type="checkbox"/>	<input type="checkbox"/>	
	1 to 5	1 to 5	1 to 5	1 to 5	1 to 5			
						<input type="checkbox"/>	<input type="checkbox"/>	
	1 to 5	1 to 5	1 to 5	1 to 5	1 to 5			

2. Did you change training providers during the course of this grant?

<input type="checkbox"/> Yes	<input type="checkbox"/> No
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2a. If you changed training providers during the course of the grant, please indicate the provider and why you changed? (check all that apply)

Training Provider	Trainer left the training provider	Change in our training priorities	Class locations were inconvenient	Another provider better suited our needs	Provider made insufficient progress	Provider's costs were too high	Other	If, other (please specify)
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

3. Please indicate all the training methods employed and their effectiveness:

Training Method	Very Ineffective	Somewhat Ineffective	Somewhat Effective	Very Effective
<input type="checkbox"/> Classroom/Lecture	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Computer-based Training	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Web-based Training	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> On-the-job Training	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Other (please specify):	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

## V. The Grant Process

1. Please indicate your agreement/disagreement with the following statements.

	Strongly Disagree	Somewhat Disagree	Neither Disagree nor Agree	Somewhat Agree	Strongly Agree	Please Explain
1a. Applying for the Workforce Training Fund was user-friendly.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
1b. Administering the grant (after the award) was user friendly.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
1c. Assistance provided by the WTF staff was helpful and easy to obtain.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
1d. I would recommend the Workforce Training Fund to other organizations	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

2. Did any organization assist you *prior* to submitting your Workforce Training Fund application? ☐ Yes ☐ No

2a. If yes, please indicate the organization, hours of assistance, helpfulness, and type of assistance received:

	Hours	Helpfulness			Assistance Received										If other, please specify
		Not Helpful	Somewhat Helpful	Very Helpful	Review draft of application	Developing Training Plan	Consultation regarding rejected application	Application instructions	Application draft preparation	Training needs assessment	Referral to training providers	Program overview	Execution of contract	Other	
Local Workforce Investment Board		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
The Commonwealth Corporation		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
The Massachusetts Office of Business Development		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
The Workforce Training Fund		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

		Helpfulness			Assistance Received										
	Hours	Not Helpful	Somewhat Helpful	Very Helpful	Review draft of application	Developing Training Plan	Consultation regarding rejected application	Application instructions	Application draft preparation	Training needs assessment	Referral to training providers	Program overview	Execution of contract	Other	If other, please specify
Private Training Provider (please specify):		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Other:		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

3. Did any organization assist you *after* you received your Workforce Training Fund grant award?

<input type="checkbox"/> Yes	<input type="checkbox"/> No
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3a. If yes, please indicate the organization, hours of assistance, helpfulness, and type of assistance received:

		Helpfulness				Assistance Received							
	Hours	Very Unhelpful	Somewhat Unhelpful	Somewhat Helpful	Very Helpful	Request for extension	Payment voucher preparation	Final reporting	Documenting contract changes	Referral to training providers	Program requirements	Other	If other, please specify
The Workforce Training Fund		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Private Training Provider (please specify)		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Other:		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Other:		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

4. Check any of the following that you believe are needed to improve the Workforce Training Fund Program:

<input type="checkbox"/> Improve DET responsiveness	<input type="checkbox"/> Use more electronic forms	<input type="checkbox"/> Use simpler language	<input type="checkbox"/> Reduce turnaround time
<input type="checkbox"/> Reduce paperwork	<input type="checkbox"/> Increase communication	<input type="checkbox"/> Help find qualified trainers	<input type="checkbox"/> Be more specific about data requirements
<input type="checkbox"/> Allow on-line applications	<input type="checkbox"/> Visit my organization more	<input type="checkbox"/> Make timely payments	<input type="checkbox"/> Simplify forms
<input type="checkbox"/> Other (please specify):			

5. Please provide us with any additional feedback that would improve this program.

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6. Please refer to your approved grant application (including any approved revisions) and examine your proposal's training goals, objectives, outcomes and measures sections. In the space below, briefly state (a paragraph each is sufficient) whether each of your goals and objectives were met. Also, please describe any significant achievements or obstacles that occurred while implementing your training activities.

Preparers Name \_\_\_\_\_

Title \_\_\_\_\_

Phone \_\_\_\_\_

Date \_\_\_\_\_

Signature \_\_\_\_\_